

EXHIBIT F

McKenzie Health System

Discharge Instructions

Printed: 12/23/18 15:16 Page 1 of 2

NERO HAROLD L**AGE: 43 SEX:****OMRAN EIAD W MD****ROOM: 118-1****ALLERGIES:** Asa (aspirin Motrin
Fish protein**M/R#: 248673****DISCHARGED DIAGNOSIS:**
Rhabdomyolysis**FOLLOW UP APPOINTMENT:**

Call for Appointment with, Michael Lewis, FNP 810-648-2232, 1-2 days or sooner

ADDITIONAL PHONE NUMBERS:

Nurses Station 810-648-6159, Emergency Department 810-648-6169.

FOLLOW UP DIAGNOSTIC TEST:

CPK level daily x 3 days, script provided

DIET:

REGULAR.

ACTIVITIES:

Light duty activities, no heavy lifting

SUBSTANCE RISKS:

Not Applicable.

SUBSTANCE ABUSE REFERRAL:

Not Indicated.

IMMUNIZATIONS RECEIVED DURING THIS ADMISSION

refuses flu/pneumonia

DIAGNOSIS SPECIFIC EDUCATION

Increase fluids especially water. DO NOT take Neurontin.

GENERAL INSTRUCTIONS/NOTIFY YOUR PHYSICIAN:

tea colored urine, muscle aches and pain, muscle stiffness notify doctor

RETURNED/DISPENSED TO PATIENT:

Clothing

MEDICATION EDUCATION:

Script given for Catapress 0.1 mg tab as directed.

Opioid Start Talking

Not Applicable.

FOLLOW UP CALL

Pt returned to jail

EQUIPMENT:

Not applicable.

MEDICATIONS**Acetaminophen 500MG Oral Capsule****Dose: 1000 MILLIGRAMS****Continue**

Route: ORAL

Frequency: TWICE A DAY

Prescription Detail: 1000 MILLIGRAMS ORAL TWICE A DAY

Next Dose Due: TAKE AS DIRECTED

Coreg 25MG Oral Tablet (Generic = Carvedilol)**Dose: 25 MILLIGRAMS****Continue**

Route: ORAL

Frequency: TWICE A DAY

Prescription Detail: 25 MILLIGRAMS ORAL TWICE A DAY

Next Dose Due: TAKE AS DIRECTED

Doxepin HCl 100MG Oral Capsule**Dose: 100 MILLIGRAMS****Continue**

Route: ORAL

Frequency: BEDTIME

Prescription Detail: 100 MILLIGRAMS ORAL BEDTIME

Next Dose Due: TAKE AS DIRECTED

Patient's signature: _____**Nurse's signature:** _____**PATIENT:** NERO HAROLD L**NUMBER:** 1509281**AGE:** 43**SEX:****ROOM:** 118-1**PAGE:** 1

EXHIBIT F

McKenzie Health System

Discharge Instructions

Printed: 12/23/18 15:16 Page 2 of 2

NERO HAROLD L**AGE: 43 SEX:****OMRAN EIAD W MD****ROOM: 118-1**ALLERGIES: Asa (aspirin Motrin
Fish protein**M/R#: 248673****MEDICATIONS****Ketoconazole 2% Topical application Cream****Continue****Dose: 1 THIN LAYER****Route: TOPICAL APPLICATION****Frequency: TWICE A DAY****Prescription Detail: Apply 1 THIN LAYER TOPICAL APPLICATION TWICE A DAY****Next Dose Due: TAKE AS DIRECTED****Lisinopril 40MG Oral Tablet****Continue****Dose: 40 MILLIGRAMS****Route: ORAL****Frequency: DAILY****Prescription Detail: 40 MILLIGRAMS ORAL DAILY****Next Dose Due: TAKE AS DIRECTED****Ventolin HFA 0.09MG/1Actuation Inhalation Suspension (Generic = Albuterol)****Continue****Dose: 2 PUFF****Route: INHALATION****Frequency: EVERY 6 HOURS****Prescription Detail: 2 PUFF INHALATION EVERY 6 HOURS****Next Dose Due: TAKE AS DIRECTED****Vitamin D3 5000 IU Oral Capsule, Liquid Filled****Continue****Dose: 35000 IU****Route: ORAL****Frequency: DAILY****Prescription Detail: 35000 IU ORAL DAILY****Next Dose Due: TAKE AS DIRECTED****clonidine HCl 0.1MG Oral Tablet****New****Dose: 0.1 MILLIGRAMS****Route: ORAL****Frequency: TWICE A DAY****Prescription Detail: 0.1 MILLIGRAMS ORAL TWICE A DAY****Next Dose Due: TAKE AS DIRECTED****MS NURSING PHYSICAL ASSESS****Length of Stay:**

2 days.

Acute {emergent} Admission

Yes.

DISCHARGE PLANNER**Possible Home Services Needed:**

No needs identified at this time.

COMMUNITY RESOURCES

Not Applicable.

Patient Portal

Patient Portal Education Given.

Patient's signature: _____**Nurse's signature: _____****PATIENT: NERO HAROLD L****NUMBER: 1509281****AGE: 43****SEX:****ROOM: 118-1****PAGE: 2**